

ILLINOIS VOLUNTARY ACKNOWLEDGMENT OF PATERNITY

Instructions: PRINT in BLACK ink. Press firmly and use a ballpoint pen. Do not cross out words or make corrections or your form will be rejected. If you make a mistake, ask for a new form. See additional instructions on the reverse side of this form.

Read carefully and complete all information before signing this form. Call the Child Support Customer Service Call Center at 1-800-447-4278 if you have questions. Questions about the birth certificate must be directed to the Illinois Department of Public Health, Division of Vital Records, at www.idph.state.il.us/vitalrecords or 217-782-6554.

Child's First Name	Middle Name	Last Name (same as on birth certificate)	Sex ☐ M ☐ F
Date of Birth (mm/dd/yy)	Place of Birth - Hospital Name	City/State/Zip	

Father's Name (first/middle/last)	Date of Birth (mm/dd/yy)	Place of Birth (city/state)
Address	City/State/Zip	Social Security Number

Mother's Name (first/middle/last)	Maiden Name	Date of Birth (mm/dd/yy)	Place of Birth (city/state)
Address	City/State/Zip	Social Security Number	
Were you married to a man other than the biological father when this child was conceived and/or born? ☐ Yes ☐ No			
If yes, a Denial of Paternity must also be completed by the mother and the husband/ex-husband to place the biological father's name on this child's birth certificate.			

By signing, I:

1. Understand that this is a legal document. I understand that when the Voluntary Acknowledgment of Paternity (hereafter called VAP) is signed and witnessed, it is the same as a court order determining the legal relationship between a father and child.
2. Understand that if I am a minor, I have the right to sign and have this form witnessed without my guardian's permission. I understand that when the parents are minors, paternity is not conclusive until six months after the younger of the parents turns 18.
3. Understand that both parents have the right to all notices of any adoption proceedings.
4. Understand my responsibility to provide financial support for the child that may include child support and medical support starting from the child's birth until the child is at least 18 years old.
5. Understand that this VAP does not give custody or visitation to the father. However, this gives the father the right to ask the court for custody or visitation.
6. Understand that either the mother or father may withdraw the action by signing a Rescission of VAP. The Rescission must be signed and received by the Department within 60 days of signing the VAP or the date of a proceeding relating to the child, whichever occurs earlier.
7. Have read the instructions on the second page of this form, been provided an oral explanation about the VAP and understand my rights and responsibilities created and waived by signing this form. Oral explanations can be heard by calling 1-800-447-4278.

I UNDERSTAND THAT I CAN REQUEST A GENETIC TEST REGARDING THE CHILD'S PATERNITY. BY SIGNING THIS FORM I GIVE UP MY RIGHT TO A GENETIC TEST.

Father's Signature _____	Mother's Signature _____
Print Name of Father _____	Print Name of Mother _____
Witness' Signature _____	Witness' Signature _____
Print Name of Witness _____	Print Name of Witness _____
Witness Address _____	Witness Address _____
Witness' Telephone # _____	Witness' Telephone # _____
Date Parties Signed _____	Date Parties Signed _____

Send one copy to HFS/ACU, 110 W Lawrence, Springfield, IL 62704 if signed in hospital. Send two copies to HFS if signed outside hospital. One copy is for the mother and one copy is for the father.

For Official Use Only Case # Docket # CP RIN NCP RIN Child RIN

Instructions for Completing the Illinois Voluntary Acknowledgment of Paternity

PURPOSE: The Voluntary Acknowledgment of Paternity (hereafter called VAP) legally establishes the biological father and child relationship (when the biological father is not married to the child's mother) and allows the biological father's name to be placed on the birth certificate. The biological father becomes the legal father of the child when the VAP is properly signed and witnessed, creating certain legal rights and responsibilities for the child and the parents.

If the mother is or was married to a man who is not the biological father when the child was conceived and/or born, a Denial of Paternity (hereafter called the Denial) must be signed and witnessed before the mother and biological father may sign the Acknowledgment (refer to instruction 2 below).

PLEASE READ ALL PARTS OF THIS FORM, INCLUDING THE INFORMATION REGARDING YOUR RIGHTS AND RESPONSIBILITIES BEFORE COMPLETING THIS FORM.

1. The VAP may not be signed before your child is born.
2. The mother must indicate "yes" or "no" if she is or was married at the time of conception and/or upon the birth of the child, and the husband/ex-husband is not the biological father. The husband/ex-husband and mother must sign the Denial and the mother and biological father must sign the VAP to establish legal paternity and place the biological father's name on the birth certificate. **If the husband/ex-husband and the mother do not sign the Denial, the husband/ex-husband is presumed to be the father of the child and his name, by law, must be placed on the birth certificate.**
3. Each person must sign and date all forms in front of a witness. A witness must be an adult age eighteen or older but cannot be the parents or the child named on the VAP.
4. If you are completing the VAP (and Denial, if necessary) at the hospital when the child is born, hospital staff will add the biological father's name to the birth certificate.
5. You may complete the VAP (and Denial, if necessary) after you leave the hospital.
6. You may complete the VAP (and Denial, if necessary) for a child born in another state when the biological father was not married to the mother of the child.
7. When the VAP (and Denial, if necessary) is not completed at the hospital, the parents must sign and date the form(s) in front of an adult witness.
8. Send two copies to the Department's:

**Administrative Coordination Unit (ACU)
110 West Lawrence Street
Springfield, Illinois 62704**

To ensure that the biological father's name is placed on the child's birth certificate, the ACU will then send the completed VAP (and Denial, if necessary) to either the:

1. Illinois Department of Public Health, Division of Vital Records (for Illinois births), or
2. Vital Records Office in affected state (for out of state births)

NOTE: Forms that contain errors will be rejected. As a result, paternity is not established and the biological father's name will not be placed on the birth certificate.

FOR MORE INFORMATION about completing the VAP, read the flyer "Two Parents...Give Your Child HOPE." You may obtain the flyer by asking hospital staff, state and local registrars, county clerks, Department of Human Services offices or Child Support Services offices. You will also be given a child support services application if you are not currently receiving public assistance.

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SI LAS PIDE, TENEMOS VERSIONES EN ESPAÑOL DISPONIBLES Y EN EL SITIO DEL DEPARTAMENTO EN EL INTERNET EN (www.childsupportillinois.com), PERO SÓLO SE PUEDEN USAR PARA PROPÓSITOS DE TRADUCCIÓN. **LAS VERSIONES EN ESPAÑOL NO SON DOCUMENTOS LEGALES ACEPTABLES**. SÓLO LA VERSIÓN EN INGLÉS DEL DOCUMENTO SE PUEDE FIRMAR Y ATESTIGUAR.

If you have any questions relating to the child's birth certificate, please contact the Department of Public Health's Division of Vital Records at www.idph.state.il.us/vitalrecords or 217-782-6554.

If you have any questions relating to completing this form, please call the Child Support Customer Service Call Center at 1-800-447-4278.

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Child's First Name	Middle Name	Last Name (same as on birth certificate)	Sex ☐ M ☐ F
Date of Birth (mm/dd/yy)	Place of Birth - Hospital Name	City/State/Zip	

Father's Name (first/middle/last)	Date of Birth (mm/dd/yy)	Place of Birth (city/state)
Address	City/State/Zip	Social Security Number

Mother's Name (first/middle/last)	Maiden Name	Date of Birth (mm/dd/yy)	Place of Birth (city/state)
Address	City/State/Zip	Social Security Number	
Were you married to a man other than the biological father when this child was conceived and/or born? ☐ Yes ☐ No			
If yes, a Denial of Paternity must also be completed by the mother and the husband/ex-husband to place the biological father's name on this child's birth certificate.			

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- Understand that this is a legal document. I understand that when the Voluntary Acknowledgment of Paternity (hereafter called VAP) is signed and witnessed, it is the same as a court order determining the legal relationship between a father and child.
- Understand that if I am a minor, I have the right to sign and have this form witnessed without my guardian's permission. I understand that when the parents are minors, paternity is not conclusive until six months after the younger of the parents turns 18.
- Understand that both parents have the right to all notices of any adoption proceedings.
- Understand my responsibility to provide financial support for the child that may include child support and medical support starting from the child's birth until the child is at least 18 years old.
- Understand that this VAP does not give custody or visitation to the father. However, this gives the father the right to ask the court for custody or visitation.
- Understand that either the mother or father may withdraw the action by signing a Rescission of VAP. The Rescission must be signed and received by the Department within 60 days of signing the VAP or the date of a proceeding relating to the child, whichever occurs earlier.
- Have read the instructions on the second page of this form, been provided an oral explanation about the VAP and understand my rights and responsibilities created and waived by signing this form. Oral explanations can be heard by calling 1-800-447-4278.

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Father's Signature _____	Mother's Signature _____
Print Name of Father _____	Print Name of Mother _____
Witness' Signature _____	Witness' Signature _____
Print Name of Witness _____	Print Name of Witness _____
Witness Address _____	Witness Address _____
Witness' Telephone # _____	Witness' Telephone # _____
Date Parties Signed _____	Date Parties Signed _____

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For Official Use Only _____ Case # _____ Docket # _____ CP RIN _____ NCP RIN _____ Child RIN _____

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If the mother is or was married to a man who is not the biological father when the child was conceived and/or born, a Denial of Paternity (hereafter called the Denial) must be signed and witnessed before the mother and biological father may sign the Acknowledgment (refer to instruction 2 below).

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1. The VAP may not be signed before your child is born.
2. The mother must indicate "yes" or "no" if she is or was married at the time of conception and/or upon the birth of the child, and the husband/ex-husband is not the biological father. The husband/ex-husband and mother must sign the Denial and the mother and biological father must sign the VAP to establish legal paternity and place the biological father's name on the birth certificate. **If the husband/ex-husband and the mother do not sign the Denial, the husband/ex-husband is presumed to be the father of the child and his name, by law, must be placed on the birth certificate.**
3. Each person must sign and date all forms in front of a witness. A witness must be an adult age eighteen or older but cannot be the parents or the child named on the VAP.
4. If you are completing the VAP (and Denial, if necessary) at the hospital when the child is born, hospital staff will add the biological father's name to the birth certificate.
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8. Send two copies to the Department's:

**Administrative Coordination Unit (ACU)
110 West Lawrence Street
Springfield, Illinois 62704**

To ensure that the biological father's name is placed on the child's birth certificate, the ACU will then send the completed VAP (and Denial, if necessary) to either the:

1. Illinois Department of Public Health, Division of Vital Records (for Illinois births), or
2. Vital Records Office in affected state (for out of state births)

NOTE: Forms that contain errors will be rejected. As a result, paternity is not established and the biological father's name will not be placed on the birth certificate.

FOR MORE INFORMATION about completing the VAP, read the flyer "Two Parents...Give Your Child HOPE." You may obtain the flyer by asking hospital staff, state and local registrars, county clerks, Department of Human Services offices or Child Support Services offices. You will also be given a child support services application if you are not currently receiving public assistance.

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If you have any questions relating to the child's birth certificate, please contact the Department of Public Health's Division of Vital Records at www.idph.state.il.us/vitalrecords or 217-782-6554.

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Child's First Name	Middle Name	Last Name (same as on birth certificate)	Sex ☐ M ☐ F
Date of Birth (mm/dd/yy)	Place of Birth - Hospital Name	City/State/Zip	

Father's Name (first/middle/last)	Date of Birth (mm/dd/yy)	Place of Birth (city/state)
Address	City/State/Zip	Social Security Number

Mother's Name (first/middle/last)	Maiden Name	Date of Birth (mm/dd/yy)	Place of Birth (city/state)
Address	City/State/Zip	Social Security Number	

Were you married to a man other than the biological father when this child was conceived and/or born? ☐ Yes ☐ No
If yes, a Denial of Paternity must also be completed by the mother and the husband/ex-husband to place the biological father's name on this child's birth certificate.

By signing, I:

- Understand that this is a legal document. I understand that when the Voluntary Acknowledgment of Paternity (hereafter called VAP) is signed and witnessed, it is the same as a court order determining the legal relationship between a father and child.
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- Understand my responsibility to provide financial support for the child that may include child support and medical support starting from the child's birth until the child is at least 18 years old.
- Understand that this VAP does not give custody or visitation to the father. However, this gives the father the right to ask the court for custody or visitation.
- Understand that either the mother or father may withdraw the action by signing a Rescission of VAP. The Rescission must be signed and received by the Department within 60 days of signing the VAP or the date of a proceeding relating to the child, whichever occurs earlier.
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Father's Signature _____	Mother's Signature _____
Print Name of Father _____	Print Name of Mother _____
Witness' Signature _____	Witness' Signature _____
Print Name of Witness _____	Print Name of Witness _____
Witness Address _____	Witness Address _____
Witness' Telephone # _____	Witness' Telephone # _____
Date Parties Signed _____	Date Parties Signed _____

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Child's First Name	Middle Name	Last Name (same as on birth certificate)	Sex ☐ M ☐ F
Date of Birth (mm/dd/yy)	Place of Birth - Hospital Name	City/State/Zip	

Father's Name (first/middle/last)	Date of Birth (mm/dd/yy)	Place of Birth (city/state)
Address	City/State/Zip	Social Security Number

Mother's Name (first/middle/last)	Maiden Name	Date of Birth (mm/dd/yy)	Place of Birth (city/state)
Address	City/State/Zip	Social Security Number	

Were you married to a man other than the biological father when this child was conceived and/or born? ☐ Yes ☐ No
If yes, a Denial of Paternity must also be completed by the mother and the husband/ex-husband to place the biological father's name on this child's birth certificate.

By signing, I:

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Father's Signature _____	Mother's Signature _____
Print Name of Father _____	Print Name of Mother _____
Witness' Signature _____	Witness' Signature _____
Print Name of Witness _____	Print Name of Witness _____
Witness Address _____	Witness Address _____
Witness' Telephone # _____	Witness' Telephone # _____
Date Parties Signed _____	Date Parties Signed _____

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Date of Birth (mm/dd/yy)	Place of Birth - Hospital Name	City/State/Zip	

Father's Name (first/middle/last)	Date of Birth (mm/dd/yy)	Place of Birth (city/state)
Address	City/State/Zip	Social Security Number

Mother's Name (first/middle/last)	Maiden Name	Date of Birth (mm/dd/yy)	Place of Birth (city/state)
Address	City/State/Zip	Social Security Number	

Were you married to a man other than the biological father when this child was conceived and/or born? ☐ Yes ☐ No
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Father's Signature _____	Mother's Signature _____
Print Name of Father _____	Print Name of Mother _____
Witness' Signature _____	Witness' Signature _____
Print Name of Witness _____	Print Name of Witness _____
Witness Address _____	Witness Address _____
Witness' Telephone # _____	Witness' Telephone # _____
Date Parties Signed _____	Date Parties Signed _____

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PLEASE READ ALL PARTS OF THIS FORM, INCLUDING THE INFORMATION REGARDING YOUR RIGHTS AND RESPONSIBILITIES BEFORE COMPLETING THIS FORM.

1. The VAP may not be signed before your child is born.
2. The mother must indicate "yes" or "no" if she is or was married at the time of conception and/or upon the birth of the child, and the husband/ex-husband is not the biological father. The husband/ex-husband and mother must sign the Denial and the mother and biological father must sign the VAP to establish legal paternity and place the biological father's name on the birth certificate. **If the husband/ex-husband and the mother do not sign the Denial, the husband/ex-husband is presumed to be the father of the child and his name, by law, must be placed on the birth certificate.**
3. Each person must sign and date all forms in front of a witness. A witness must be an adult age eighteen or older but cannot be the parents or the child named on the VAP.
4. If you are completing the VAP (and Denial, if necessary) at the hospital when the child is born, hospital staff will add the biological father's name to the birth certificate.
5. You may complete the VAP (and Denial, if necessary) after you leave the hospital.
6. You may complete the VAP (and Denial, if necessary) for a child born in another state when the biological father was not married to the mother of the child.
7. When the VAP (and Denial, if necessary) is not completed at the hospital, the parents must sign and date the form(s) in front of an adult witness.
8. Send two copies to the Department's:

**Administrative Coordination Unit (ACU)
110 West Lawrence Street
Springfield, Illinois 62704**

To ensure that the biological father's name is placed on the child's birth certificate, the ACU will then send the completed VAP (and Denial, if necessary) to either the:

1. Illinois Department of Public Health, Division of Vital Records (for Illinois births), or
2. Vital Records Office in affected state (for out of state births)

NOTE: Forms that contain errors will be rejected. As a result, paternity is not established and the biological father's name will not be placed on the birth certificate.

FOR MORE INFORMATION about completing the VAP, read the flyer "Two Parents...Give Your Child HOPE." You may obtain the flyer by asking hospital staff, state and local registrars, county clerks, Department of Human Services offices or Child Support Services offices. You will also be given a child support services application if you are not currently receiving public assistance.

Spanish versions are available upon request and on the Department's website (www.childsupportillinois.com), but may be used for translation purposes only. The **Spanish versions are not acceptable as legal documents**. Only the English version of the documents may be signed and witnessed.

SI LAS PIDE, TENEMOS VERSIONES EN ESPAÑOL DISPONIBLES Y EN EL SITIO DEL DEPARTAMENTO EN EL INTERNET EN (www.childsupportillinois.com), PERO SÓLO SE PUEDEN USAR PARA PROPÓSITOS DE TRADUCCIÓN. **LAS VERSIONES EN ESPAÑOL NO SON DOCUMENTOS LEGALES ACEPTABLES**. SÓLO LA VERSIÓN EN INGLÉS DEL DOCUMENTO SE PUEDE FIRMAR Y ATESTIGUAR.

If you have any questions relating to the child's birth certificate, please contact the Department of Public Health's Division of Vital Records at www.idph.state.il.us/vitalrecords or 217-782-6554.

If you have any questions relating to completing this form, please call the Child Support Customer Service Call Center at 1-800-447-4278.